								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								G 98936 92					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			52				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			\$2 _{minus} 20=		. 25			X\$ 9=		OR	X\$18=	570	
INDEPENDENT CLAIMS			C minus 3 =		. 3			. X40=	 		X80=	240	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT							OR		240	
• "	the difference	in achumn 1 ic	loss than zons onter 50° in out			odumn 2	1	+135=		OR	+270=	10.1	
- II			less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	15Up	
€	5/23/05	LAIMS AS A (Column 1)	MENDED - PART II (Column 2) (Column			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 56	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	ULTIPLE DE	TIPLE DEPENDENT CLAIM				+135=			+270=			
							L	+135=		OR	TOTAL		
	(0.1							ODIT. FEE		OR	ADDIT. FEE	<u> </u>	
	Line and article Section	(Column 1) CLAIMS	HIGHEST			(Column 3)	lr		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•	Minus	••	•	= .		X\$ 9=		OR	X\$18=		
	Indépendent	•	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT CLA					.105			+270=		
				•		•		+135=		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
	g Th irting Tolland	(Column 1)		(Colu		(Column 3)	۱.			1 1			
AMENDMENT C		REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	H	X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	***		=	lt	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
	The Highest Nur	nber Previously Pa	id For (Total o	r Independ	ient) is th	e highest numbe	er fou	nd in the app	propriate box	c in co	lumn 1.		